



Special Interest Class Registration Form

Participant Last Name: _____ First Name: _____

Parent/Guardian Last Name: _____ First Name: _____

Address: _____ City: _____ Zip Code: _____

Phone # (Day): _____ Evening: _____ E-mail _____

Emergency Contact Name: _____ Phone #: _____

PLEASE LIST ALL SESSIONS & CLASSES SEPERATELY

CLASS	DAYS	SESSION/DATES	TIME	FEE	STAFF INITIALS

Total Amount Owed: \$ _____

Credit will only be issued to those who contact the Parks and Recreation Division at 623-386-2588 24 hours prior to the first class. Photographs and video may be taken for advertisement purposes.

INITIAL: _____

I agree that I and/or my child will cooperate and conform to directions and instructions of the volunteers and staff involved in the program. Should medical treatment become necessary while participating in this program, I hereby give the Town of Buckeye permission to use their judgment in obtaining medical service for myself and/or my child, and I give permission to the physician selected by the Town of Buckeye personnel to render medical treatment deemed necessary and appropriate. I agree not to hold responsible and/or liable the Town of Buckeye any of its agents or employees. Payment of resulting medical, hospital or related cost and expenses must first be paid by my insurance or available benefit plan of mine or my spouse.

Parent/Guardian Signature: _____ Date: _____

For office use: Cash amount: _____ Check #/amt. _____/_____ Date: _____ Res. Y / N